

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

February 4, 2014

Mr. Dovid Glenn, Administrator
Crescent Manor Care Ctrs
312 Crescent Blvd
Bennington, VT 05201-0170

VIA FAX (802) 442-7127 AND FIRST CLASS MAIL

Provider ID #: 475033

Dear Mr. Glenn:

The Division of Licensing and Protection completed a survey at your facility on **January 21, 2014**. The purpose of the complaint investigation was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This complaint investigation found that your facility was in substantial compliance with the participation requirements. However, there two deficiencies were cited that require a plan of correction. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations. Please submit the your plan of correction on the enclosed CMS-2567 and return the original to this office by **February 14, 2014**.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Frances L. Keeler, RN, MSN, DBA, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for submitting your plan of correction. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Enclosure